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AUTHOR Ward, Russell A.; And Others
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ABSTRACT

Evidence concerning the contributions of social networks to the subjective well-being of older persons is inconsistent, reflecting the conceptual complexity of social networks and supports. In order to investigate the relative importance of different types of social ties and supports, the distinction between objective and subjective dimensions of social support, and sub-group variations in the implications of social support, older adults (N=1,185) participated in interviews which elicited information about social ties and supports as well as information regarding physical capacity. In addition, demographic data were gathered for all subjects. Data analyses indicated that respondents generally had access to extensive social ties and supports, preferring children more for instrumental support than for expressive support. Neighbors substituted as instrumental helpers while other kin served as confidants. Subjective network assessments had more substantial associations with well-being. Objective network characteristics showed weak associations with measures of well-being, with friends making the greatest contribution. However, there was considerable sub-group variation in the contributions of network characteristics to well-being. Proximate social ties were particularly valuable for the vulnerable elderly. These results suggest that the accessibility of social supports is an important dimension of "person/environment congruence." (Author/AG)

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THE RELATIVE IMPORTANCE OF SOCIAL TIES*

Russell A. Ward
Department of Sociology
SUNY-Albany

Mark LaGory
Department of Sociology
University of Alabama in Birmingham

Susan R. Sherman
School of Social Welfare
SUNY-Albany

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THE RELATIVE IMPORTANCE OF SOCIAL TIES

R. Ward, M. LaGory, and S. Sherman

Abstract

Evidence concerning the contributions of social networks to the subjective well-being of older persons is inconsistent. This inconsistency reflects the conceptual complexity of social networks and supports. Using data from a sample of 1,185 persons aged 60+, three issues are investigated: 1) the relative importance of different types of social ties and supports, 2) the distinction between objective and subjective dimensions of social support, and 3) subgroup variation in the implications of social support. Respondents generally have access to extensive social ties and supports. Children are preferred for instrumental support, and less so for expressive support. Neighbors substitute as instrumental helpers, while other kin substitute as confidants. Objective network characteristics have only weak associations with measures of subjective well-being, with friends making the greatest contribution. Subjective network assessments have more substantial associations with well-being, suggesting the primacy of "quality" over "quantity." There is considerable subgroup variation in the contributions of network characteristics to well-being, however. Proximate social ties are particularly valuable for vulnerable elderly. This supports the "environmental docility hypothesis," and suggests accessibility of social supports as an important dimension of "person/environment congruence."

THE RELATIVE IMPORTANCE OF SOCIAL TIES IN LATER LIFE

Older people generally exhibit robust social ties with family, friends, and neighbors which provide both instrumental and expressive support (Babchuk, 1978; Bengtson and DeTerre, 1980; Cantor, 1975, 1979; National Council on the Aging, 1975; Shanas, 1979; Wood and Robertson, 1978). Evidence concerning the contributions of social networks to the subjective well-being of older persons is neither clear-cut nor consistent, however (Conner et al., 1979; Larson, 1978; Liang et al., 1980). While some find relationships between social involvement and morale, others do not, and the relevant dimensions of social involvement and support are not clear. The research reported here investigates three questions concerning the importance of social ties to the well-being of older people. First, what are the relative contributions of the components (family, friends, and neighbors) and functions (instrumental and expressive) of social networks to well-being? Second, is objective social involvement or perceived sufficiency of involvement the more relevant dimension of social networks for subjective well-being? Third, to what extent do the contributions of social networks to well-being vary across subgroups of the older population.

The Nature and Roles of Social Support

Social networks and the support they provide have been viewed as important determinants of individual well-being. Cobb (1976) suggests that social support represent "communicated sharing," providing information that one is cared for, esteemed, and belongs to a network of mutual obligation. Kahn (1979) cites affect, affirmation, and aid as elements of supportive transactions. Thoits (1982) defines social support as "the degree to which a person's basic social needs are gratified through interaction with others" (p. 147); these needs include "affection, esteem or approval, belonging, identity, and security."

Some view the contributions of social support as primarily mediating the effects of stressful events (Dean and Lin, 1977; Kessler, 1979; Pearlin et al., 1981). Cobb (1979) however, notes that low support may be stressful in itself, and Thoits (1982) cites a number of studies indicating direct effects of social support on psychological well-being.

There has been debate about the nature and importance of social ties in later life. Activity theory and disengagement theory represent opposing arguments, the former arguing that "activity provides various role supports necessary for reaffirming one's self-concept" (Lemon et al., 1972:515), and the latter arguing that social and emotional disengagement are mutually functional for the aging individual and society (Cumming and Henry, 1961). As noted earlier, however, older persons do not generally exhibit a disengaged pattern of social involvement. Cantor's (1975, 1979) research, for example, indicates the existence of a solid core of social involvements, including kin, friends, and neighbors, which provide both instrumental assistance and confident relationships.

While the elderly are socially active, the contributions of this activity to well-being are less clear. Lowenthal and Haven (1968) found that a close personal relationship can buffer age-linked social losses. Stability in social networks lends a sense of continuity of self (Lowenthal and Robinson, 1976), and friends provide many socialization functions (Hess, 1972). Social support and socialization also serve to bolster a sense of internal control which is important to effective coping (George, 1980; Kuypers and Bengtson, 1973). Lopata (1975) defines support system as a set of relationships involving the giving and receiving of objects, services, and social and emotional support for maintaining a style of life. Snow and Gordon (1980) note the policy relevance of strengthening "natural networks," identifying points of intervention to mobilize informal support.

As noted earlier, however, empirical evidence of contributions of social ties to well-being is weak. Conner et al. (1979), for example, found that number

and frequency of social ties were relatively unimportant to life satisfaction. There appears to be little relation between family availability and interaction and subjective well-being (Glenn and McLanahan, 1981; Hoyt et al., 1980; Larson, 1978). Friendship interaction seems most consistently related to well-being, but even this is not universal (Hoyt et al., 1980; Larson, 1978; Wood and Robertson, 1978).

Issues Related to Social Support

The lack of clarity concerning the contributions of social involvement to the well-being of older persons may reflect the conceptual complexity of social networks and supports. Social support is a multi dimensional concept involving amount, type, sources, and structure, as social support systems have both structural (size, accessibility, frequency, etc.) and functional (perceived amount and adequacy of aid) properties (Thoits, 1982). Thoits also notes that not all sources or types of social support are likely to be equally effective, nor are all social ties necessarily supportive. Three issues related to this conceptual complexity are highlighted here: 1) the relative importance of different types of social ties and supports, 2) the distinction between objective and subjective dimensions of social support, and 3) subgroup variation in the implications of social support.

Social Ties and Functions

Much of the interest in social networks of the elderly has concerned the role of family ties, particularly children. Cantor (1979) has argued that networks are "hierarchical-compensatory." According to this perspective, children and other kin play a central role irrespective of task, as children are preferred sources of social support even when they are "nonfunctional" (living far away or seen infrequently). The network is also compensatory, as other relatives friends, and neighbors are chosen as the presence of children is increasingly

more removed. There is some evidence, however, that ties with children dominate the support networks of older people (Babchuk, 1978; Cantor, 1975, 1979; Lopata, 1979; Lowenthal and Haven, 1968; Shanas, 1979).

Others have argued for a "task-specific" model of social support, suggesting that social ties are differentiated structurally according to the types of tasks they can handle most effectively (Dono et al., 1979; Litwak and Szelenyi, 1969). Family ties are often preferred because of their long-term, reciprocal nature, but the quality of family relationships is unclear. Matthews (1979), for example, suggests that aged women may face an unbalanced exchange within families, having lost their "significant place" after the empty nest and widowhood, and Berghorn et al. (1978) suggest that family interaction may decline as a "rewarding activity" because of dependence, role reversal and conflict, and generational distance. Interaction with friends may be valued more highly because it is voluntary, based on affectivity and choice rather than obligation (Adams, 1967; Blau, 1973; Wood and Robertson, 1976); friends are contemporaries and equals, yielding greater openness of communication and intimacy. The structure of neighborhoods, on the other hand, emphasizes proximity and face-to-face contact, so that the functions of neighbors relate to speed in responding to emergencies, territorial-based services, and day-to-day socializing and socialization (Litwak and Szelenyi, 1969). Indeed, there is some evidence that interaction with friends and neighbors make greater contributions to morale than do family ties (Arling, 1976; Pihlblad and Adams, 1972).

Social supports also involve two functions: instrumental and expressive. The instrumental function involves the provision of more tangible support - advice, information, or assistance. The expressive function involves access to a close, confidant relationship, representing the "communicated sharing" cited by Cobb (1976). This distinction also relates to the issue of whether contributions of social support are mediative, affecting well-being only when

called into play, or direct, so that involvement or access is itself influential.

Objective and Subjective Dimensions

Most research on the networks of older people has investigated quantity rather than the quality of relationships (Lowenthal and Robinson, 1976). This may account for the inconsistency of findings. Conner et al. (1979), finding that number and frequency of social interaction were relatively unimportant to life satisfaction, suggest the need for a more qualitative approach. Liang et al. (1980), for example, found that subjective sense of social integration was an intervening variable between morale and objective integration (which had no direct effect on morale). Schooler et al. (1981), however, found little effect of subjective integration on morale, while objective integration had a modest direct effect. Similarly, Moriwaki (1973) found that quantity (number of inmates) was more important to well-being than quality (a "supported self-disclosure" index). Thus, it is not clear whether "sufficiency" of social support is best conceptualized in objective or subjective terms.

Subgroup Variation

It is also likely that the importance of social ties generally and of particular types of social ties vary across subgroups of the older population. A buffering or mediational view of social supports suggests a greater contribution of social ties to well-being for persons who have experienced stressful life events. The concept of "environmental docility" also asserts that older people will be affected more by the environment to the extent that they are less "competent" (for example, because of poor health) (Lawton and Nahemow, 1973). This should relate to the social environment, represented by social support networks. The relative importance of different social ties and functions may also vary across subgroups. Reduced income and health, for example, limit physical mobility, creating greater dependence on the local area for social contacts (Dono et al., 1979).

METHODS

Sample

The issues discussed above were investigated in a sample of persons aged 60 and over residing in the Albany-Schenectady-Troy, NY, SMSA. Since one interest of the study (not discussed here) was the impact of neighborhood age structure, census tracts were first stratified into three groups according to the percent aged 60 and over. Within each stratum, blocks were sampled proportionate to size, with up to three interviews conducted per sampled block. Interviews were completed with 1,185 respondents (55.2% of contacted eligibles).

Average age of respondents is 70.6, with 61% female and 96% white. Nearly half (45.9%) resided in one of the three central cities, 27.8% were "suburban" residents (urbanized areas or noncontiguous urban), and 26.2% were "rural" residents (tracts with largest place less than 5,000). Approximately half (50.4%) of the sample was married, with 38.6% widowed. More than half (52.3%) had lived at their current residence for 20 years or more, while only 8.0% had resided for less than two years. Comparisons with national data indicated that the sample is representative regarding homeownership and length of residence, marital status, and labor force participation. The sample appears somewhat better educated (50.5% completed high school) and healthier (71.1% indicated no difficulty with any of four measures of functional health).

Instrumentation

A variety of demographic and social information was gathered about respondnets. In particular, health and socioeconomic status are used as controls in the analyses reported below. Based on the Physical Incapacity Index (Shanas et al., 1968), respondents were asked whether they could go outdoors, climb stairs, get around the house, and do cleaning and household chores without difficulty by themselves, with some difficulty but still by themselves, or not without assistance. These four items were combined into a scale of functional

health (range = 4-12, with 12 indicating no difficulties; mean = 11.1, standard deviation = 1.8). Measures of socioeconomic status included education and occupational prestige.

A substantial part of the interview was directed at social ties and supports, including three types of ties - kin, friends, and neighbors - and two types of functions - instrumental and expressive. Additionally, both objective and subjective measures of social support were obtained. Respondents were asked if they had any living children (and how many), their proximity and frequency of interaction, and whether "you see your children about as often as you would like to." They also indicated the number of other relatives residing in the metropolitan area who were seen regularly, and the number of friends (non-neighbor) they had in the area. Respondents were also asked how many neighbors they knew well enough to visit with, how frequently they interacted with neighbors, whether they had given or received any of six forms of assistance, and whether "you get together with neighbors about as often as you would like."

Similar to Cantor (1979), instrumental support was assessed by asking whether there was anyone, other than spouse, the respondent could turn to in four hypothetical situations - someone to look in on you, give you a ride, get something for you at the store, and look after your house. For each person named the respondent indicated the person's relationship and location, and respondents were also asked whether "you have enough people or places to turn to for help in situations like these." Finally, drawing from Cantor (1979) and Wellman (1979), availability of confidants outside the respondent's household was determined by asking how many people "you feel very close to - someone you share confidences and feelings with." For the up to three confidants the respondent felt closest to, type of relationship, location, and frequency of interaction were also indicated. Those who had at least one confidant were also asked whether "you have enough opportunities to share confidences and feelings with another person."

Three measures of well-being are utilized in the analyses. First, a 7-item Mastery scale (Pearlin and Schooler, 1978) is used as a measure of perceived competence, (range = 7-28, with higher scores indicating greater perceived mastery; mean = 21.1, standard deviation = 4.1, Cronbach's alpha = .70). This is used in an operationalization of environmental docility (see below). Second, the 17-item Philadelphia Geriatric Center Morale Scale (Lawton, 1975) is used as a generalized measure of subjective well-being (range = 23-68, with higher scores indicating greater morale; mean = 51.9, standard deviation = 9.2, Cronbach's alpha = .85). Finally, respondents indicated how often they feel lonely (from 4 = "not at all," to 1 = "a great deal;" mean = 2.9, standard deviation = 1.0); this represents a measure of well-being more specifically linked to social ties.

Analysis

The presentation of results will proceed as follows. First, basic distributions will be presented indicating the degree of access to social ties and supports. Second, the consequences of social ties are investigated using morale and loneliness as outcome measures. The various types of relationships and supports will first be discussed singly, with attention to any noteworthy variation across respondent subgroups. Partial correlations are reported which control for functional health and socioeconomic status (education and occupational prestige). The impact of social ties is then investigated in combination, using multiple regression analyses. These are presented first with objective measures, with subjective measures then added to the equations.

Results of regression analyses are also compared across respondent subgroups. The sample is divided according to functional health (with and without any functional impairment) and marital status (married versus widowed). Additionally the large sample size allows us to construct composite subgroups representing extremes of environmental docility. The first, which might be termed "vulner-

ability," compares persons aged 60-69 who are married and have no functional health limitations with persons aged 70 and over who are widowed and have some functional health limitation. The second, which might be termed "competence," compares persons with no functional health limitation who also score at or above the mean on mastery with persons having some functional health limitation who also score below the mean on mastery.

RESULTS

Access to Social Ties

Access to children is high in the sample. More than three-fourths (78%) have at least one living child (mean = 2.6); 35% live with or within walking distance of a child (another 31% have a child in the metropolitan area), and 45% see a child several times a week (another 14% see a child at least once a week). Among those with children, 61% see them as often as they would like to, while 39% would like to see some or all of their children more often. Most respondents (64%) also have other relatives living in the metropolitan area, with 55% seeing or hearing regularly from at least one other relative. Combining children with other relatives, only 16% of the sample have no family members residing in the metropolitan area.

Respondents also generally have extensive friendship networks. While 24% indicate they have no friends, 38% indicate 10 or more friends, and the mean number of friends is 17.1. Nearly two-thirds of the respondents (65%) know a neighbor well enough to visit with (mean = 3.5, and 5.4 for those who know any neighbors); 75% indicate they have assisted neighbors and 73% that they have received assistance, and involvement is quite extensive among who have given help (mean = 3.7 out of the 6 areas) or received help (mean = 3.9). This support is reciprocal, as there is a strong correlation (r = .76) between help given and help received. Most respondents (62%) get together with neighbors at

least once a week (and 25% do so daily). Only 14% indicate they would like to get together with neighbors more often.

It is evident from these statistics that respondents generally have access to a range of social relationships. Combining family members, friends, and neighbors known well, only 2% have none in the metropolitan area and 8% have only family ties, while 44% indicate all three types of relationships. Research cited earlier indicated a solid core of social ties available to older persons, and this sample is no exception. If anything, accessibility may be somewhat greater, as indicated by comparisons with Cantor's (1979) findings in New York City: 1) she found that 62% knew a neighbor well (mean = 2.1, and 3.4 for those knowing any), compared with 65% (means = 3.5 and 5.4) in this sample, and 2) one-half of her respondents saw a child weekly, compared with 59% in this sample.

Respondents also have considerable access to instrumental assistance - only 5% indicate no one they could turn to for any of the four situations, while 86% indicate a potential helper for all four. These helpers are quite proximate, as 64% name someone in the neighborhood. Ninety-two percent indicate that they have enough help for these kinds of situations.

Table 1 indicates that children were the preferred helpers in all four situations, followed by neighbors. There appeared to be little mixing of helpers across situations - only 19% name both neighbors and relatives - indicating little functional specificity of relationships for these hypothetical situations. Table 2 indicates type of helper by proximity of a child for one of the situations. Children are clearly preferred when proximate, with neighbors most likely to substitute when they are not (though "other relatives" also substitute heavily for those with no children). The long-term reciprocity of ties with children appears to make their assistance preferable, while neighbors may become preferable because of their proximity (non-neighbor

friends are seldom used). Childless persons appear to have retained or cultivated other kinship ties.

(Tables 1 and 2 about here)

Approximately three-fourths (77%) of the sample had at least one confidant (mean = 3.0). While 23% of the sample had no confidant, 28% saw a confidant daily (and 66% at least weekly) and 43% had a confidant in the same neighborhood (73% in the metropolitan area); 95% indicated that they have enough opportunities for expressive support. Table 3 indicates considerable variety in confidants, with children and neighbors most prevalent. Respondents tended to "specialize;" among those with any confidant, 51% named only family members, 21% named only neighbors, and 7% named only friends. Table 4 indicates first confidant by proximity of a child. It is again evident that children are preferred when proximate, but the pattern is much less pronounced than it was for instrumental assistance. And unlike instrumental help, siblings and other relatives "substitute" rather than neighbors. It is noteworthy that nonneighbor friends play relatively minor roles, compared with kin and neighbors, for both instrumental and confidant relationships.

(Tables 3 and 4 about here)

Consequences of Social Ties

Children. Proximity of children and frequency of interaction with children are related to neither morale nor loneliness, regardless of respondent subgroup. Seeing children enough, however, is related to higher morale (partial correlation = .18) and less loneliness (.15). The association with morale is greater for rural residents (.29) and persons with some functional health impairment (.29), while the association with loneliness varies little across subgroups. The recently widowed seem a special case, however. Among those widowed for 5 years or less, loneliness is strongly related to both frequency of interaction with children (.24) and seeing children enough (.28); these associations are

not significant for those widowed more than 5 years (partial correlations = .07 and .03, respectively).

Other relatives. Number of other relatives seen frequently exhibits little association with morale or loneliness, regardless of subgroup.

Friends. Number of friends is weakly related to higher morale (.08), and more strongly to less loneliness (.15). Both associations are stronger for persons who have children but see them only once a week or less (partial correlations = .20 with morale and .21 with loneliness). Interestingly, morale is highest for those who have friends but do not name them as confidants or instrumental helpers (Table 5). We have seen that friends are not preferred sources of such assistance, so their use as confidants or helpers would appear to signal unwelcome deficits elsewhere in the support network.

(Table 5 about here)

Neighbors. Measures of involvement with neighbors exhibit an uneven pattern of association with morale and loneliness. Number of neighbors known and assistance to or from neighbors have little relation to well-being, regardless of respondent subgroup. Frequency of interaction with neighbors is significantly but weakly related to both morale (.09) and loneliness (.08), but these associations are stronger for certain subgroups: those who have some functional impairment (.21 and .18, respectively), are widowed (.16 and .13), live alone (.16 and .17), reside in cities (.13 and .16), or have lived in the neighborhood for 5 years or less (.19 and .19). Persons with no living children also exhibit a stronger association between frequency of interaction with neighbors and morale (.22). It appears, then, that restrictions and disruptions of social activity heighten the importance of proximate contacts such as neighbors. Whether neighbors are seen enough has stronger associations with morale (.17) and loneliness (.14), and these show greater consistency across subgroups.

Instrumental Assistance. Number of situations for which potential helpers are named, proximity of those helpers, and type of helper (relative, friend, or neighbor) exhibit little association with morale or loneliness. Number of situations for which a potential helper is in the neighborhood, however, is related to morale for persons with some functional impairment (.16) and for recent (within 5 years) movers (.14). Having enough instrumental help is related to morale (.23) and loneliness (.23).

Confidants. Having any confidant, number of confidants, type of confidant, proximity of confidants, and frequency of interaction with confidants exhibit little association with either morale or loneliness. Among persons with some functional impairment, however, frequency of interaction with a confidant is related to both morale (.12) and loneliness (.12). Loneliness is also related to number of confidants for such persons (.16). Perceiving enough opportunities to share confidences and feelings is related to higher morale (.17) and less loneliness (.15).

Overall Models. To this point, the various components of the social networks have been discussed in isolation. Multiple regression analyses, combining these components, offers an opportunity to assess their joint contributions to well-being, as well as the relative contributions of the different network components. This will be done first for the more "objective" network characteristics, and then "subjective" components will be added to the models.

Morale and loneliness are regressed on the following variables: functional health (HEALTH), education (EDUCATION), occupational prestige (PRESTIGE), availability of proximate instrumental helpers (HELPNEAR: 1 = helper in neighborhood for all four situations, 0 = neighborhood helper for less than four situations), number of confidants (CONF#), frequency of interaction with any confidant (CONFSEE: from 5 = daily to 1 = no confidant), interaction with children (CHILDREN: from 4 = daily to 1 = yearly or less or no living children),

number of other relatives in the metropolitan area seen regularly (RELATIVES), number of friends in the metropolitan area (FRIENDS), frequency of interaction with neighbors (NFREQ), and assistance received from neighbors (NAID). Variables were added to the model in the following order: 1) control variables (HEALTH, EDUCATION, PRESTIGE), 2) measures of instrumental and expressive support functions (HELPNEAR, CONF#, CONFSEE), and 3) social ties (CHILDREN, RELATIVES, FRIENDS, NFREQ, NAID). The model allows us to assess separately the contributions of different social relationships and functions of social support networks.

Table 6 presents results of multiple regression analyses with morale as the dependent variable, for the entire sample and for sample subgroups broken down by the following characteristics: functional health, marital status, and the operationalizations of environmental docility ("vulnerability" and "competence"). In general, functional health and education are the most prominent predictors of morale. For the total sample, social variables have little significance; they add only 2% to the variance explained, and only number of friends seems even marginally noteworthy. While family ties (children and other relatives) and confidants consistently exhibit little association with morale, there are other noteworthy variations across subgroups. Having instrumental helpers in the neighborhood is significantly related to morale for persons with some functional impairment, and particularly for "vulnerable" persons (age 70+, widowed, and some functional impairment). Similarly, frequency of interaction with neighbors is significantly related to morale for more vulnerable and less competent respondents. Interestingly, assistance from neighbors is negatively related to morale for the most vulnerable subgroup. It may be that reliance on such assistance constitutes a reminder of losses and limitations. On the whole, however, proximate social ties and supports appear to contribute to the well-being of vulnerable older persons.

(Table 6 about here)

Table 7 presents multiple regression analyses for loneliness which parallel those in Table 6. With the exception of friendship, social variables again exhibit weak associations for the total sample (adding 4.5% to the variance explained). As with morale, having instrumental helpers in the neighborhood is related to significantly lower loneliness among more vulnerable subgroups, and number of confidants (though not frequency of interaction) also contributes to lower loneliness among those with impaired functioning and competence. Interestingly, interaction with children contributes to reduced loneliness only for less vulnerable subgroups. Relations with children may be more ambivalent for those who are widowed or have reduced competence, containing unwelcome elements of dependency and conflict. Instrumental and expressive functions of social networks, however, appear to have heightened significance among vulnerable older persons.

(Table 7 about here)

Tables 8 and 9 report coefficients for subjective network variables, which were added singly and in combination to the regression models reported in Tables 6 and 7.[1] These variables generally have more substantial associations with well-being that did the more objective network characteristics (and their inclusion adds 6.0% and 2.8% to the variance explained in morale and loneliness, respectively). When entered in combination, seeing children enough (CHILDENUF) and having enough instrumental helpers (HELPENUF) exhibited stronger associations than did seeing neighbors enough (NENUF) or having enough opportunities for expressive assistance (CONENUF). It is noteworthy that whether children are seen "enough" appears more important to well-being than actual contact with them. More generally, subjective network perceptions appear to affect well-being even controlling for more objective indicators of network availability and involvement.

(Tables 8 and 9 about here)

Regression analyses were again run separately for sample subgroups.[2] Two general patterns are evident. First, seeing children enough tends to make a smaller contribution (and in some cases a negative one) to well-being among more vulnerable subgroups. While this pattern is not pronounced, it is similar to the pattern in Table 7 for contact with children. Second, and again similar to patterns in Table 7 for number of confidants, having enough opportunities for expressive (confidant) involvement generally has more substantial associations with well-being for more vulnerable older persons.

Discussion

The research reported here investigated three issues concerning the contributions of social networks to the well-being of older persons: 1) the relative contributions of different types of relationships and support functions, 2) the relative importance of objective and subjective social support, and 3) variation in the role of social networks across subgroups of the older population. The members of this older sample exhibited generally high levels of access to family, friends, and neighbors, as well as both instrumental and expressive support. The objective measures of social support, for both types of relationships and functions, generally had only weak associations with well-being, however. While clear majorities of respondents expressed satisfaction with present levels of social interaction and support, such subjective measures of support had stronger and more consistent associations with well-being. Whether older persons have "enough" social ties in an objective sense appears to be less important than whether they <u>perceive</u> that they have enough. Subjective social integration did not mediate the effects of objective integration; rather, the two appear to be distinct dimensions of social support.

It is not entirely clear what to make of the apparent importance of perceived social "sufficiency" to subjective well-being, however. Whether one sees children "enough," for example, is itself a measure of satisfaction. We should perhaps make little of a relationship between domain satisfaction and overall morale; the former is a component of the latter. But it does appear that subjective "quality" of social relationships is more important to well-being than objective "quantity." Thoits (1982) definition of social supports emphasizes the gratification of social needs, which implies a subjective component. Similarly, Lowenthal and Robinson (1976) have suggested that low network involvement does not necessarily result in low morale, depending on predisposition to gregariousness and locus of control; indeed, need for help may overwhelm networks in advanced old age.

There are elements of both the "hierarchical-compensatory" and "task-specific" models evident in the social networks of these older persons. Children appear to be preferred sources of instrumental support, reflecting the long-term reciprocity of parent-child relationships. Other ties are more likely to be turned to as children are less accessible. The preference for children is less evident for expressive support, which is likely to involve greater "choice." Additionally, "substitutes" for children vary by function. Reflecting their proximity, neighbors are increasingly named as instrumental helpers as children are increasingly removed. Other kin (including siblings) are preferred substitutes as confidants, however, reflecting the long-term nature of such ties.

While children are preferred sources of assistance, their access and interaction exhibits little relation to well-being (except in subjective terms). This may reflect the ambivalence of parent-child relationships in old age, carrying the potential for unwanted dependency and conflict. With the exception of the recently widowed, even marginally positive associations between well-being and involvement with children were evident only for relatively

advantaged respondents. Gerontological research has also emphasized the importance of instrumental and expressive supports, yet objective access to helpers and confidants had little bearing on well-being. Paradoxically, friends were not preferred sources of such assistance (and their use as helpers or confidants was associated with lower morale), yet number of friends was most consistently related to morale. This may reflect the consensual, peer-based nature of friendship ties. It may also be that friendships are important because they represent a wider-ranging network of "weak" ties (Granovetter, 1973). Indeed, having few friends may be demoralizing not because friends actually fulfill important functions, but because their lack triggers feelings of marginality.

There is considerable evidence of subgroup variation in the contributions of social networks, and of different components of social networks, to the well-being of older persons. The large sample size offers unusual opportunities to make such comparisons, though these subgroup analyses are best viewed as exploratory. Of particular interest is the pattern of results indicating greater importance of proximate social ties (interaction with neighbors and instrumental helpers in the neighborhood) for more vulnerable groups (reduced health and competence, widowed, recently moved). This suggests a mediative model, as social ties and their accessibility are most important for those who have undergone or are undergoing distress. It also supports the concept of environmental docility, and a view that accessibility of social supports is an importance dimensions of "person/environment congruence" (Kahana, 1975; Lawton, 1980). More generally, it reminds us of the need to explore the complexities of aging and the older population, since age itself is a very weak indicator of individual circumstances and needs.

Finally, these results have implications for the continuing debate between disengagement theory and activity theory. The inconsistent importance of social ties does not seem consonant with activity theory, but disengagement does not

seem functional either. Indeed, social ties seem most inportant to those who are most disadvantaged, and might be expected to be most disengaged. As has perhaps been evident for some time, both theories appear to be oversimplified views of the experience of aging.

FOOTNOTES

1. Coefficients are reported only for the subjective variables. Their addition did not substantially change the coefficients of objective variables.
2. Since CHILDENUF was asked only of respondents with living children and CONENUF only of those with at least one confidant, numbers of cases are reduced for these analyses. The "vulnerability" subgroups are not included in these results because of particularly small numbers of cases.

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Table 1. Helpers named for the four instrumental situations.

	Situation:			
	Look in on you	Give you a ride	Get you something	Look after your house
No one	7%	9%	8%	9%
Child	42%	41%	40%	38%
Other relative	17%	17%	16%	16%
Neighbor[1]	30%	28%	34%	34%
Other[2]	3%	5%	2%	3%
	100%	100%	100%	100%
N	1171	1169	1169	1161

[1] These include a few non-neighbor friends.

[2] Includes church and social agency.

Table 2. Who would "look in on you and see how you are doing," by proximity of nearest child.

	Nearest Child:				
	No children	Outside SMSA	In SMSA	Same neighborhood	Same house or building[1]
No one	11%	10%	5%	4%	4%
Child	-	9%	58%	80%	63%
Other relative	41%	23%	11%	6%	8%
Neighbor	43%	55%	26%	10%	23%
Other	6%	3%	2%	2%	1%
	100%	100%	100%	100%	100%
N	255	145	353	177	217

$X^2 = 445.7$, $p = .001$

[1] Respondents could not name a helper living in the same household.

Table 3. Distribution of persons names as confidant.

Relationship:	Confidant: First	Second	Third	Any[1]
Child	32%	24%	20%	38%
Sibling	16%	15%	14%	23%
Other relative	14%	19%	21%	27%
Neighbor	26%	28%	28%	36%
Friend	11%	13%	15%	17%
Other[2]	1%	1%	2%	1%
	100%	100%	100%	

[1] Named as any of the up to three confidants respondent feels closest to.

[2] Includes clergy, physician.

Table 4. Type of person names as closest confidant, by proximity of nearest child.

	Nearest Child:				
	No children	Outside SMSA	In SMSA	Same neighborhood	Same house or building[1]
Child	-	25%	48%	50%	28%
Sibling	28%	19%	10%	10%	16%
Other relative	30%	13%	9%	9%	14%
Neighbor	28%	28%	23%	25%	28%
Friend	13%	15%	9%	7%	14%
	100%	100%	100%	100%	100%
N	181	107	290	149	153

$X^2 = 171.1$, $p = .0001$

[1] Persons in the same household could not be named as a confidant.

Table 5. Multiple classification analysis of morale with friendship quality, with functional health, education, and occupational prestige as covariates.

	Mean morale	
Friendship quality:	No covariates	Covariates
Has friends, names friend as confidant	51.4	50.3
Has friends, names friend as instrumental helper	50.6	50.6
Has friends, but does not name as confidant or helper	52.8	52.5
Has no friends in area	49.9	51.3
Eta/beta	.13	.09
F - test (p)	.001	.001

Table 6. Multiple regression analyses of morale, for total sample and respondent subgroups.[1]

	Total Sample	Functional Impairment		Marital Status		Vulnerability		Competence	
		None	Any	Married	Widowed	Low	High	High	Low
HEALTH	.37*	-	.28*	.36*	.34*	-	.21*	-	.26*
EDUCATION	.19*	.16*	.27*	.18*	.18*	.16*	.25*	.05	.18*
PRESTIGE	-.08*	-.11*	-.01	-.11*	-.01	-.16*	.02	-.06	.03
HELPNEAR	.05*	.03	.14*	.02	.08	.04	.31*	.14*	.11
CONF#	-.03	-.06	.03	-.03	-.04	-.05	-.11	-.10*	.11
CONFSEE	.03	.05	-.01	.06	.09*	.06	.18	.07	-.06
CHILDREN	.00	-.01	.02	-.00	-.01	-.02	-.07	-.01	.02
RELATIVES	.05*	.03	.08	.07*	-.02	.01	-.13	-.01	.08
FRIENDS	.10*	.13*	.09	.11*	.09*	.17*	.03	.08	.09
NFREQ	.05	.01	.15*	-.03	.13*	.01	.24*	-.03	.15*
NAID	-.02	-.04	-.01	.01	-.08	-.04	-.24*	-.01	-.01
R^2	.215	.047	.244	.194	.240	.069	.275	.035	.196
N	775	569	206	421	276	239	83	340	154

*Coefficient statistically significant at p = .05.

[1]For the sake of brevity, standardized regression coefficients are reported. Coefficients for social variables within comparison groups are underlined when corresponding unstandardized coefficients differ by more than their combined standard errors.

Table 7. Multiple regression analyses of loneliness, for total sample and respondent subgroups.[1]

	Total sample	Functional impairment		Marital status		Vulnerability		Competence	
		None	Any	Married	Widowed	Low	High	High	Low
HEALTH	.14*	-	.10*	.11*	.06	-	-.06	-	.06
EDUCATION	.06*	.05	.09	.10*	-.02	.13*	.06	-.01	.04
PRESTIGE	-.00	-.02	.01	-.03	.04	-.06	-.12	-.02	.03
HELPNEAR	.07*	.05	.15*	.03	.10*	.02	.32*	.09*	.20*
CONF#	.01	-.03	.20*	.06	-.02	-.04	-.01	-.03	.20*
CONFSEE	-.04	-.05	-.07	.03	.01	.01	-.03	-.08	-.06
CHILDREN	.07*	.08*	.03	.12*	.02	.10*	-.08	.10*	-.05
RELATIVES	.05*	.04	.07	-.03	.13*	-.04	-.14	.01	.05
FRIENDS	.16*	.20*	.09	.11*	.21*	.11*	.00	.26*	.17*
NFREQ	.03	.05	-.05	.00	.08	-.00	.09	.03	-.06
NAID	-.03	-.05	.05	-.02	-.04	.03	-.01	-.05	.10
R^2	.080	.060	.134	.067	.092	.048	.117	.095	.149
N	813	591	222	438	294	239	83	340	154

* Coefficient statistically significant at p = .05.

[1] Standardized regression coefficients are reported. Coefficients for social variables are underlined when corresponding unstandardized coefficients differ by more than their combined standard errors.

Table 8. Multiple regression analyses of morale with addition of subjective network variables, for total sample and respondent subgroups.[1]

	Total sample	Functional impairment		Marital status		Competence	
		None	Any	Married	Widowed	High	Low
Singly							
NENUF	.12*	.13*	.09	.11*	.12*	.17*	.04
CHILDENUF	.19*	.16*	.31*	.20*	.21*	.16*	.15*
CONENUF	.16*	.16*	.20*	.12*	.22*	.03	.21*
HELPENUF	.25*	.24*	.30*	.25*	.26*	.06	.31*
Combination							
NENUF	.05	.08	-.05	.06	.05	.04	-.13
CHILDENUF	.16*	.16*	.18*	.20*	.14*	.18*	.04
CONENUF	.05	.01	.19*	-.05	.11*	-.04	.23*
HELPENUF	.15*	.16*	.13	.18*	.17*	.03	.12
N	454	338	116	263	171	204	86

* Coefficient statistically significant at p = .05

[1] Standardized regression coefficients are reported only for subjective variables, which were added to the model after the variables in Table 6. Coefficients for social variables are underlined when corresponding unstandardized coefficients differ by more than their combined standard errors.

Table 9. Multiple regression analyses of loneliness with addition of subjective network variables, for total sample and respondent subgroups.[1]

	Total sample	Functional impairment		Marital status		Competence	
		None	Any	Married	Widowed	High	Low
Singly							
NENUF	.12*	.09*	.17*	.17*	.10*	.12*	.19*
CHILDENUF	.14*	.15*	.11	.18*	.10*	.17*	-.07
CONENUF	.13*	.09*	.24*	.14*	.09	-.02	.29*
HELPENUF	.19*	.14*	.27*	.19*	.18*	.06	.25*
Combination							
NENUF	.03	.03	.01	.08	.03	.04	.03
CHILDENUF	.09*	.15*	-.09	.12*	.08	.18*	-.25*
CONENUF	.04	-.02	.18*	.04	.02	-.07	.25*
HELPENUF	.12*	.08	.22*	.11*	.14*	.02	.19*
N	454	338	116	263	171	204	86

* Coefficient statistically significant at p = .05.

[1] Standardized regression coefficients are reported only for subjective variables, which were added to the model after the variables in Table 7. Coefficients for social variables are underlined when corresponding unstandardized coefficients differ by more than their combined standard errors.